

Kentucky Department for Environmental Protection
Division of Waste Management
Underground Storage Tank Branch
300 Sower Boulevard – Frankfort KY 40601
(502) 564-5981

FOR OFFICIAL USE ONLY –
DO NOT WRITE IN THIS SPACE

DRAFT

UST Facility Registration

Date Form Completed

/ /

1. UST Facility Information

Agency Interest Number (AI)

UST Facility Name

UST Facility Physical Address
(PO Box not accepted)

Street Address:

City:

County:

Zip Code:

-

UST Facility Physical Phone

Phone: () -

Alternate Phone: () -

2. Registration Type

Number of UST Systems at Facility

Type of Registration

☐ New UST System Installed

☐ Temporarily Closed UST System

☐ Change in Owner or Operator

☐ Update Tank Information

☐ Newly Discovered UST System

☐ Other (specify): _____

3. Property Owner Information

Property Owner Name (Full legal name)

Property Owner Mailing Address

Street Address:

City:

State:

Zip Code:

-

Property Owner Contact Information

Phone: () -

Email:

4. Financial Responsibility

I, the registered UST owner or operator, have reviewed 401 KAR 42:020 regarding the requirements for financial responsibility coverage for the purpose of corrective action and third-party coverage in the event of a release from regulated UST systems at this UST facility.

☐ Yes

☐ No

Is the owner of the UST facility a federal government agency?

☐ Yes

☐ No

Not eligible for PSTeAF coverage.
Attach alternative financial
responsibility documentation.

Proceed to the next question

Are the UST systems used to store a substance that meets the definition of a motor fuel?

☐ Yes

☐ No

Proceed to the next question

Not eligible for PSTeAF coverage.
Attach alternative financial
responsibility documentation.

"Motor fuel means petroleum based substance that is motor gasoline, aviation gasoline, No. 1 or No. 2 diesel fuel, or any grade of gasohol, that is typically used in the operation of a motor engine, jet fuel, and any petroleum or petroleum based substance typically used in the operation of a motor vehicle, including used motor vehicle lubricants and oils." KRS 224.60-115(12)

Do you wish to designate PSTeAF as your mechanism of financial responsibility?

☐ Yes

☐ No

Attach alternative financial
responsibility documentation.

AI _____

5. UST System Description*(Six (6) separate tanks are listed; attach additional pages if necessary)*☐ A UST System Compatibility Verification, DWM 4234, is attached as required for all new installations or tank substance changes (required).

Tank Contained Product on or after January 1, 1974	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dual Use Tank (used for <u>both</u> heating and an emergency generator)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tank ID Number (e.g., 1, 2, etc.)			
Compartment Number (e.g., 1, 2, etc.)	1	2	3
Capacity (gallons)			
Substance (refer to substance list below)			
Ethanol %			
Biodiesel %			
Date of Installation (MM/DD/YY)	/ /	/ /	/ /
Date Out of Use (MM/DD/YY)	/ / <input type="checkbox"/> N/A	/ / <input type="checkbox"/> N/A	/ / <input type="checkbox"/> N/A
Date Temporarily Closed (MM/DD/YY)	/ / <input type="checkbox"/> N/A	/ / <input type="checkbox"/> N/A	/ / <input type="checkbox"/> N/A
	Compartment #:	Compartment #:	Compartment #:
Less than 1" of product or residue?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If greater than 1", has leak detection been maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date Permanently Closed (MM/DD/YY)	/ / <input type="checkbox"/> N/A	/ / <input type="checkbox"/> N/A	/ / <input type="checkbox"/> N/A
If permanently closed, the tank was:	<input type="checkbox"/> Removed <input type="checkbox"/> Closed In Place	<input type="checkbox"/> Removed <input type="checkbox"/> Closed In Place	<input type="checkbox"/> Removed <input type="checkbox"/> Closed In Place
Substance List	UNL - Reg Unleaded Gas*	ORD - Off-Road Diesel	BIO - Biodiesel
	PLS - Plus Unleaded Gas*	UOL - Used Oil	HAZ - Haz Substance (CAS #)
	PRM - Premium Unleaded Gas*	NOL - New Oil	AVG - Aviation Gas
	KER - Kerosene	FOL - Fuel Oil	JET - Jet Fuel
	DSL - Diesel**	ETH - Ethanol	OTH - Other (specify)
Tank Contained Product on or after January 1, 1974	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dual Use Tank (used for <u>both</u> heating and an emergency generator)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tank ID Number (e.g., 1, 2, etc.)			
Compartment Number (e.g., 1, 2, etc.)	1	2	3
Capacity (gallons)			
Substance (refer to substance list above)			
Ethanol %			
Biodiesel %			
Date of Installation (MM/DD/YY)	/ /	/ /	/ /
Date Out of Use (MM/DD/YY)	/ / <input type="checkbox"/> N/A	/ / <input type="checkbox"/> N/A	/ / <input type="checkbox"/> N/A
Date Temporarily Closed (MM/DD/YY)	/ / <input type="checkbox"/> N/A	/ / <input type="checkbox"/> N/A	/ / <input type="checkbox"/> N/A
	Compartment #:	Compartment #:	Compartment #:
Less than 1" of product or residue?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If greater than 1", has leak detection been maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date Permanently Closed (MM/DD/YY)	/ / <input type="checkbox"/> N/A	/ / <input type="checkbox"/> N/A	/ / <input type="checkbox"/> N/A
If permanently closed, the tank was:	<input type="checkbox"/> Removed <input type="checkbox"/> Closed In Place	<input type="checkbox"/> Removed <input type="checkbox"/> Closed In Place	<input type="checkbox"/> Removed <input type="checkbox"/> Closed In Place

AI _____

6. UST System Owner Information (Tank, Piping, & Ancillary Equipment)

Type of UST System Owner and Requirements (mark only one):

- ☐ Individual *Must enter an individual person's full legal name as the owner.*
- ☐ Corporation or LLC *Must enter a corporation's name or LLC as the owner. Corporations or LLCs must be in good standing with the Kentucky Secretary of State's Office in order to be registered as owners of underground storage tanks in the Commonwealth of Kentucky.*
- ☐ Government (specify): _____
- ☐ Other (specify): _____

UST System Owner Name
(Full legal name)**UST System Owner Mailing Address**

Street Address:

City:

State:

Zip Code:

-

UST System Owner Contact Information

Phone: () -

Email:

Date Person or Entity Became UST System Owner

/ /

7. UST System Owner's Authorized Representative☐ Check here if Owner's Authorized Representative is the same as the UST System Owner in Section 6 (complete this section if different).**Owner's Authorized Representative**
(Full legal name)**Owner's Authorized Representative Contact Information**

Phone: () -

Email:

8. Certification of UST System Owner**I hereby certify under penalty of law that I am the (mark one)**☐ UST System Owner☐ Legally-authorized representative of the UST system owner*(If individual signing this other than described below, attach a notarized copy of power of attorney, or resolution of board of directors which grants individual the legal authority to represent the company. Does not apply to single proprietorship or partnership.)*

A "legally-authorized representative" is:

1) For a corporation or LLC – A responsible corporate officer. For the purpose of this section, a responsible corporate officer means (i) A president, secretary, treasurer, or vice-president of the corporation in charge of a principal business function, or any other person who performs similar policy- or decision-making functions for the corporation.

2) For a municipality, State, Federal, or other public agency – A principal executive officer or ranking elected official. A principal executive officer includes: (i) The chief executive officer of an agency, or (ii) a senior executive officer having responsibility for the overall operations of a principal geographic unit.

I the undersigned, have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals responsible for obtaining the information, I certify the submitted information is true, accurate and complete. I understand that this notification form is sufficient evidence to establish ownership of the underground storage tank system for purposes of KRS 224.60-105 through KRS 224.60-160 and 401 KAR Chapter 42.

UST System Owner or Authorized Representative (Full Legal Name)

Printed

Signature

Date

/ /

AI _____

9. UST System Operator Information (Tank, Piping, & Ancillary Equipment)☐ Check here if UST System Operator is the same as the UST System Owner in Section 6 (complete this section if different).

UST System Operator (Full legal name)			
UST System Operator Mailing Address	Street Address:		
	City:	State:	Zip Code: -
UST System Operator Contact Information	Phone: () -	Email:	
Date Became UST System Operator	/ /		

10. UST System Operator's Authorized Representative☐ Check here if Operator's Authorized Representative is the same as the UST System Operator in Section 9 (complete this section if different).

Operator's Authorized Representative (Full legal name)			
Operator's Authorized Representative Contact Information	Phone: () -	Email:	

11. Certification of UST System Operator

I hereby certify under penalty of law that I am the (mark one)	<input type="checkbox"/> UST System Operator
	<input type="checkbox"/> Legally-authorized representative of the UST system operator <i>(If individual signing this other than described below, attach a notarized copy of power of attorney, or resolution of board of directors which grants individual the legal authority to represent the company. Does not apply to single proprietorship or partnership.)</i>

A "legally-authorized representative" is:

- | | |
|--|--|
| 1) For a corporation or LLC – A responsible corporate officer. For the purpose of this section, a responsible corporate officer means (i) A president, secretary, treasurer, or vice-president of the corporation in charge of a principal business function, or any other person who performs similar policy- or decision-making functions for the corporation. | 2) For a municipality, State, Federal, or other public agency – A principal executive officer or ranking elected official. A principal executive officer includes: (i) The chief executive officer of an agency, or (ii) a senior executive officer having responsibility for the overall operations of a principal geographic unit. |
|--|--|

I the undersigned, have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals responsible for obtaining the information, I certify the submitted information is true, accurate and complete. I understand that this notification form is sufficient evidence to establish ownership of the underground storage tank system for purposes of KRS 224.60-105 through KRS 224.60-160 and 401 KAR Chapter 42.

UST System Operator or Authorized Representative (Full Legal Name)	Printed		Date	/ /
	Signature			

If you have questions on how to fill out this form please contact the cabinet at (502) 564-5981 or visit our web site at <http://waste.ky.gov/ust>. For copies of facility records please visit <http://eec.ky.gov/pages/openrecords.aspx> or email DEP.KORA@ky.gov.